

**Legal Issues Meeting Agenda**  
**Thursday- February 15, 2007**

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**I. Welcome/Introductions**

**II. Approval of Minutes**

**III. "Delegation" discussion with Joey Ridenour, Arizona Board of Nursing**

**IV. Other Legal Issues**

**V. Future Meeting Dates**

**VI. Responsibilities for Next Meeting**

**VII. Adjournment**

# Consumer Directed Care – Legal Issues Sub-Group

Date of Meeting: February 15, 2007

Minutes Prepared By: Jakenna Lebsock

## 1. Purpose of Meeting

- Member Introductions
- Discussion Topics for Consideration
- Identify Items Needing Further Research
- Define Meeting Framework
- Individual Tasks/Research

## 2. Attendance at Meeting

Name	Company
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Andrew Benavidez	P/GLTC
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Phil Pangrazio	ABIL
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Joey Ridenour	Arizona State Board of Nursing
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Alan Schafer	AHCCCS
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Jakenna Lebsock	P/GLTC
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Gina Relkin	AHCCCS
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*Absent:* April Charpiot; Heather Coan – Disability Solutions, Inc.; Jana Cheatwood – MOSAIC; Brenda Conditt – Mercy Care Plan; Karole MacFarlane; Allen McVey – Pinal County Attorney's Office

## 3. Meeting Notes, Decisions, Issues

A welcome was extended to all present; each person introduced him or herself and stated what organization they represented.

Joey Ridenour was introduced as the guest speaker for the meeting. She represented the State Board of Nursing and was present to answer questions regarding nurse delegation, how CDC fits into the Nurse Practice Act, and issues/concerns that must be addressed before the program is launched. Alan provided a quick overview of how the program is being developed, along with initial ideas of its structure. A key goal is to ensure that nurses assisting with the program will not be in trouble with the Board. One of the more common requests from consumers is to allow their Attendant caregiver to perform bowel care.

Joey's Comments:

- In general, there has been little success to get the Nurse Practice Act loosened up at the legislative level; proposals rarely get through the committee hearings.

- In terms of personal attendants providing skilled services, there are three key components:
  - Is the person competent? If not, how can they be made competent? Caregiver needs to be competent with every procedure. Delegation is heavily restricted; oversight may be key to moving this along, but that does not mean oversight has to be long-term.
  - The patient needs to be stable; the caregiver should not have to account for a lot of nuances when giving care.
  - Caregivers need to know when to report issues. They need to know what they are seeing and how to deal with it.
- The Board is interested in following the development of the program and will be open to hearing suggestions once the programs is more concrete.
- Regulations are good and serve a purpose; however, the CDC program may not needs as many due to the nature of the program.
- Medication administration absolutely cannot be delegated = no oversight. This has been an issue in the school systems with secretaries and principals handing out medication if a nurse is not available.

**Q. If we get approval for certain skilled activities, how do we guarantee quality and safety?**

- The best ways is to provide some kind of teaching mechanism that will ensure educated care.
- There will be an approximate 1 million caregiver shortage in the next 10 years. This fact may be the catalyst of change in terms of delegation.
- In terms of training, we don't want to make it overly burdensome for family members; if it is too much, they won't do it. Training shouldn't be a major issue if the caregivers are only working for one member.
- Future steps (considerations):
  - Change nurse delegation requirements outlined in the Nurse Practice Act
    - the best way to do this will be through involvement of the experts (i.e. – Sue Reinhard) as well as research into other states' NPA
  - What can be done now, in terms of training, to be safe? How do we avoid liability risks?
    - Members may need to sign consent agreements; they will have to sign off on Rights and Responsibilities.
    - Each member will have to be evaluated (as will caregivers) and assessed on where training is needed.
    - Skilled care will have to go through agencies (approval); other types may be more flexible.
    - CMs in collaboration w/ the member may be responsible for determining what is needed where in terms of training and oversight.
- Typical Skilled Care: small volume nebulizer, medication administration, bowel care, dressings, colostomy bags/catheterization – most of these are routine and stable; usually on a consistent schedule. These are the types of activities that should be focused on in terms of skilled care.
  - There are currently provided through home health, RN's/LPN's, and unpaid family members.
  - Family members tend to have some training; will need the ability to refer for oversight / training to make sure that they are completely competent.
- For oversight – a nurse may not have to physically be there in order to see what the caregivers are doing; could possibly use “e-triage”, web-cams, etc.

## WORKERS COMPENSATION

- This topic has been postponed to the next meeting as Alan has not been able to meet with the group from Montana that was going to provide the information – that meeting has been rescheduled for the week of February 19<sup>th</sup>. He will also talk to Mark Fenton of Public Partnership.
- In general, most states do not provide or require workman's comp.
- DDD allows consumer protection through DOA; this is extended to individual caregivers, group homes, etc.

## MEETING MATERIALS AND HANDOUTS

- There were no meeting materials or handouts provided at the meeting.
- One article that was emailed prior to the meeting was referenced: Consumer Directed Care and Nurse Practice Regulations. This article highlights the Nurse Practice Act and how other states have dealt with it.

## 4. Action Items

Action	Assigned to	Due Date	Status
Additional research and websites	Joey will provide these to Alan		
Research the Texas Nurse Practice Act; focusing on CDC regulation	Jakenna	April 5, 2007	
Review Utah CDC Information – from “Donna”	Alan, Jakenna, Julie B.	April 5, 2007	Waiting on info transfer from Alan to P/GLTC
Check with Texas State Medicaid to see what kind of monitoring is being done of CDC participants. Centene and Evercare both have contracts in Texas as well as AZ.	Jakenna	April 5, 2007	
Research AZ Senate Bill 1650; House bill for home care work (introduced by Rep. Campbell)	Jakenna	April 5, 2007	

## 5. Next Meeting

Date:	April 5, 2007	Time:	1:30-3:30	Location:	AHCCCS (701 E. Jefferson, Phoenix) 1 <sup>st</sup> Floor – DBF Library
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